

2009 Medicare Managed Care Conference

Casework and Compliance

Where have we been and where are we going?

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Evolution of Casework

Where have we been?

- **January and February 2006**
3,500 Complaints Received *Daily*



- **November and December 2008**
3,500 Complaints Received *Weekly*

Evolution of Casework

Where have we been?

- **May 2006** -- Limited CTM Functionality
 - No HICNs, No plan request capability and No plan closure of complaints
- **May 2009** -- Robust CTM Functionality
 - RPC indicators, improved extract capability, sorting and reports, and viewing of all marketing complaints



Evolution of Casework

Where have we been?

- **CTM Expansion to SHIPs**
 - Pilot Project began in Spring 2008 – Nine States
 - Reduce calls to 1-800 MEDICARE & CMS Regional Offices
- **Reciprocal Complaint Sharing With State DOIs and CMS Regions**



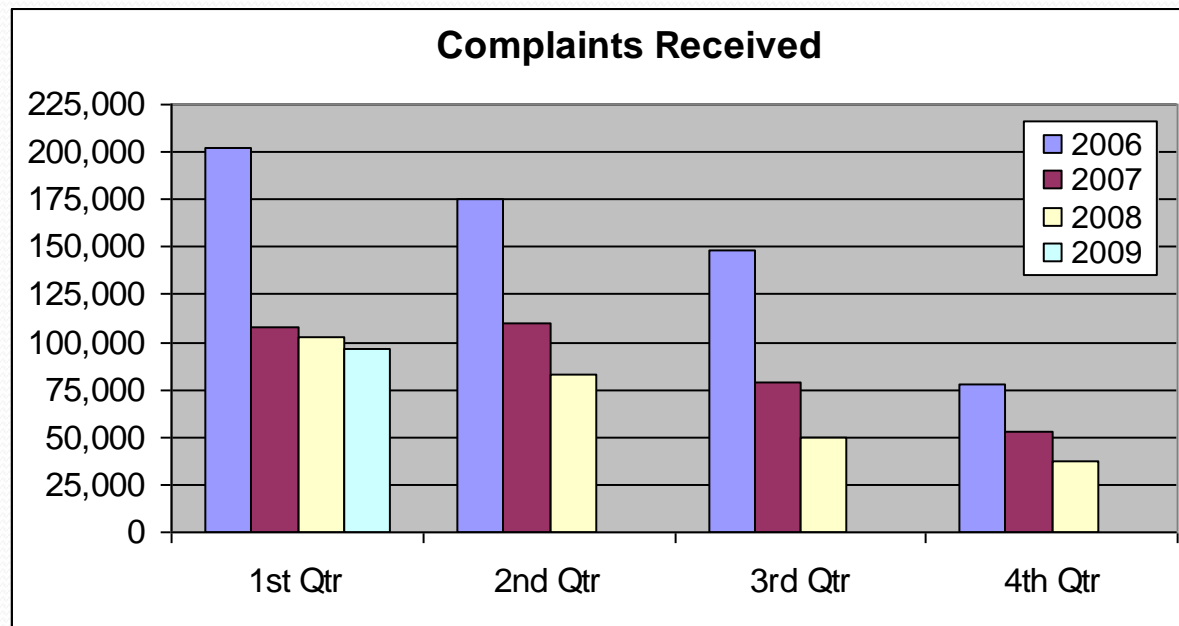
Evolution of Casework

Where have we been?

- **Emerging Kinds of Casework**
 - **2006 & 2007**
Premium Withhold and Enrollment Issues
 - **2008 & 2009**
Marketing Misrepresentation, BAE Assistance Process, Late Enrollment Penalties, and Enrollment Issues

Evolution of Casework

Where have we been?





Evolution of Casework

Where have we been?

- **Where There's Smoke (Casework) There's Fire (Compliance Issues)**
 - Past Focus
 - Fixing Problems
 - Resolving Immediate Access Issues
 - Current Focus
 - Examining the Root Causes
 - Identifying Compliance Issues
 - Holding Plans Accountable for Their Members



Evolution of Casework

Where are we going?

- **Fewer Exclusions**

- Last Fall, CMS significantly reduced the number of complaints excluded from plan performance metrics
- Increasing plan accountability for resolving casework

- **New Resolution Timeframes**

- Today, 95% of immediate need complaints must be resolved within 2 days
- For 2010, 95% of urgent complaints must be resolved within 7 days and 95% of all others within 30 days



Evolution of Casework

Where are we going?

- **What Does a Large Number of Complaints Mean?**
 - Plans are not fulfilling contractual obligations
 - Plans' members are not getting the services they paid for and deserve
 - Taxpayer dollars are not being well spent
 - Heightened Congressional concern

How to Prevent Complaints?

Lessons Learned and Best Practices

- Promoting Your Own Customer Service Hotlines with Your Membership.
- Using the New Enrollments to Establish “Ownership” of Your Members’ Issues.
- Not Referring Members to 1-800 MEDICARE for Assistance.
- Anticipating and Preparing for Periods of High Call Volume.

How to Prevent Complaints?

Lessons Learned and Best Practices

- **Fixing Access Issues Immediately!**
 - Don't Wait for MARx to be Updated
- **Reconcile and Review!**
 - Reconcile TRRs and MMRs.
 - Review Batch Completion Reports
 - Don't rely on retro-adjustments
- **Submitting Your Enrollments to CMS Frequently**
- **Downloading Your OEC Enrollments Daily**





How to Prevent Complaints?

Lessons Learned and Best Practices

- **Monitoring CTM Complaints and Identifying Trends**
 - Analyze data, identify trends, and examine complaint categories
 - Use data as early beacon to an emerging issue
 - Seek technical guidance from your Account Manager early

How to Prevent Complaints?

Lessons Learned and Best Practices



- **Participating in CMS' SHIP Unique ID Program**
 - Today, only ½ of the large MAOs and PDPs participate in the program, or have a dedicated SHIP hotline



How to Prevent Complaints?

Lessons Learned and Best Practices

- Making initial contact with the member when the CTM complaint is received
- “Owning” your members’ issues – even when they are outside your control
- Notifying your members when you resolve their complaints
- Proactively reaching out to repeat complainants

What's In It For Your Company?

- **Retaining Members**
 - Keeps members happy
- **Reducing Probability of Bad PR**
 - Keeps CMS happy
 - Keeps Your Board of Directors happy
 - Keeps Congressional Offices happy
- **Decreasing Likelihood of Compliance Action**
 - Keeps everybody happy

